

COMPLIANCE CHECKLIST

► Pediatric/Adolescent Unit

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.
 - X** = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.
 - E** = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required support space* for the specific service affected by the project.
 - W** = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).
3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Pediatric Unit Bed Complements:

Current = Proposed =

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Initial Date:

Revision Date:

Project Description:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

___ Discrete pediatric unit **or** ___ Pediatric sub-unit
associated with adult
med/surg unit

DISCRETE PEDIATRIC UNIT

☐ check if service not included in unit

130.740(A)

(2) (d)

___ Designed to discourage through-traffic of adult patients

3.1.1 PATIENT ROOMS

▷ New Construction

▷ Renovations

3.1.1.1

___ 1-bed maximum capacity
per room

___ Number of beds per room
does not exceed existing
capacity
___ 4-bed maximum capacity
per room

3.1.1.2

___ Min. 120 sf* in single-bed room

☐ check if no single-bed room in project

___ min. 3'-0" clearance on each side of bed

___ min. 3'-0" clearance at foot of bed

___ Min. 100 sf* per bed in multibed room

☐ check if no multibed room in project

___ min. 3'-0" clearance on each side of beds

___ min. 4'-0" clearance at foot of bed

*exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules

3.1.1.3

___ Window in each patient room

3.1.1.4

___ Privacy cubicle curtains

2.2.2

___ Wardrobe, closet or full length locker for each patient

___ Handwashing station

___ located outside patient cubicles

___ 1 OX, 1 VAC, 1 MA for each bed

___ Vent. min. 6 air ch./hr

Lighting:

___ reading light for each bed

___ general lighting

___ night light

Power:

___ duplex receptacle on each
side of each bed

___ additional duplex receptacle
for each motorized bed

___ 1 duplex receptacle per room
on emergency power

Nurses call system:

___ call station for each bed

___ one 2-way voice communication
station per room

___ light signal in the corridor at
room door

2.2.1

___ Toilet room

___ accessible without entering the general corridor

2.2.1.1

___ serves no more than 2 rooms & 4 beds

___ Handwashing station

___ Vent. min. 10 air ch./hr (exhaust)

___ Bedpan flushing device

___ Emerg. pull-cord call station

3.7.1.3**FAMILY SUPPORT FACILITIES****3.4.5.2(1)**

___ Space for parents at patient bedside in addition to
required floor area & clearances

___ Parent sleeping space

3.4.5.2(2)

___ toilet room

___ Consultation/demonstration room

___ within unit

or ___ convenient to unit

___ Handwashing station

___ Vent. min. 10 air ch./hr (exhaust)

2.1- ARCHITECTURAL REQUIREMENTS**3.2.2** AIRBORNE INFECTION ISOLATION ROOM
(also complete 3.7.1 "PATIENT ROOMS")**3.2.2.3** ☐ Single bed room**8.2.3.4(3)** ☐ Monolithic ceiling **or** ☐ Washable clipped-down ceiling tiles**3.2.2.4(1)** ☐ Entry through work area:
☐ alcove directly inside the room **or** ☐ alcove directly outside the room
☐ handwashing station ☐ handwashing station
☐ clean storage ☐ clean storage
☐ soiled holding ☐ soiled holding**3.2.2.4(2)** ☐ Door self-closing**3.2.2.4(3)** ☐ Bathroom with direct access from room (not through work area)
☐ toilet
☐ shower or tub**3.7.3** EXAM/TREATMENT ROOM**3.7.3.1** ☐ min. 120 sf**3.7.3.2** ☐ storage cabinet☐ writing surface**3.1.5** SUPPORT AREAS

(Staff & Patient Functions)

2.3.1 ☐ Administrative center or nurse station
☐ space for counters & storage**2.3.2** ☐ Documentation area
☐ charting surface
☐ access to information/communication systems**3.1.5.3** ☐ Nurse's office**3.1.5.4** ☐ Staff multipurpose room☐ located in pediatric unit **or** ☐ shared with other departments**2.3.4** ☐ Medication station☐ Medicine prep. room **or** ☐ Self-contained medicine dispensing unit
☐ visual control from nurses station ☐ adequate security for controlled drugs
☐ work counter ☐ adequate lighting
☐ handwashing station ☐ convenient access to handwashing station
☐ refrigerator
☐ locked storage**2.3.5** ☐ Nourishment area
☐ work counter
☐ storage cabinets
☐ refrigerator
☐ equipment for hot nourishment
☐ space for holding dietary trays**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**☐ Handwashing station

Mechanical ventilation (Table 2.1-2):

☐ vent. positive to toilet
☐ vent. negative to work area
☐ min. 12 air ch./hr (exhaust)
☐ visual monitoring of room pressure & airflow direction

Work area (open or enclosed)

☐ vent. negative to corridor
☐ vent. positive to isol. room
☐ min. 10 air ch./hr (exhaust)☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Bedpan flushing device
☐ Emerg. pull-cord call station
☐ Handwashing station
☐ 1 OX & 1 VAC
☐ Vent. min. 6 air ch./hr
☐ Min. 2 elect. duplex receptacles
☐ Staff call station☐ Convenient access to handwashing station
☐ Nurses call annunciator panel
☐ Duty station visible call signal☐ Duty station visible call signal☐ Vent. min. 4 air ch./hr
☐ Emergency power/lighting
☐ Duty station visible call signal☐ Handwashing station conveniently accessible
☐ Vent. min. 4 air ch./hr
☐ Duty station visible call signal

2.1-**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.7.4.2****3.6.5.4**

- | | | |
|--|----|--|
| <input type="checkbox"/> Infant formula facilities
<input type="checkbox"/> on-site formula preparation
<input type="checkbox"/> cleanup facilities
<input type="checkbox"/> handwash station
<input type="checkbox"/> bottle washing facilities
<input type="checkbox"/> work counter
<input type="checkbox"/> sterilizer
<input type="checkbox"/> formula prep. room
<input type="checkbox"/> warming facilities
<input type="checkbox"/> refrigerator
<input type="checkbox"/> work counter
<input type="checkbox"/> formula sterilizer
<input type="checkbox"/> storage
<input type="checkbox"/> handwash station | or | <input type="checkbox"/> use of commercial formula
<input type="checkbox"/> formula storage room
<input type="checkbox"/> work counter
<input type="checkbox"/> handwash station
<input type="checkbox"/> storage
<input type="checkbox"/> warming facilities |
|--|----|--|

☐ Vent. min. 4 air ch./hr**2.3.6**☐ Ice machine**3.1.5.9**

(1)

- ☐
- Patient bathing facilities
-
- ☐
- Showers & bathtubs
-
- ☐
- 1:12 bed ratio

(2)

- ☐
- Patient toilet room within or directly accessible from each bathing facility

(3)

- ☐
- Bathing facilities for patients on stretchers (may be on another floor)
-
- ☐
- 1:100 bed ratio

- ☐
- Vent. min. 10 air ch./hr (exhaust)
-
- ☐
- Emerg. pull-cord call station
-
- ☐
- Handwashing station
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)
-
- ☐
- Emerg. pull-cord call station
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)
-
- ☐
- Emerg. pull-cord call station

2.3.7

- | | | |
|--|----|---|
| <input type="checkbox"/> Clean workroom
<input type="checkbox"/> counter
<input type="checkbox"/> handwashing station
<input type="checkbox"/> storage facilities | or | <input type="checkbox"/> Clean supply room (for holding clean & sterile materials)
<input type="checkbox"/> storage facilities |
|--|----|---|

- ☐
- Vent. min. 4 air ch./hr
-
- ☐
- Duty station visible call signal

2.3.8.1

- ☐
- Soiled workroom
-
- ☐
- work counter
-
- ☐
- space for holding soiled linen & solid waste

- ☐
- Clinical flushing-rim sink
-
- ☐
- Handwashing station
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)
-
- ☐
- Duty station visible call signal
-
- ☐
- Vent. min. 2 air ch./hr
-
- ☐
- Duty station visible call signal
-
- ☐
- Vent. min. 4 air ch./hr
-
- ☐
- Duty station visible call signal

2.3.9.1

- ☐
- Clean linen storage

2.3.9.2

- ☐
- Equipment storage room
-
- ☐
- min. 10 sf/bed

3.7.4.4

(1)

- ☐
- Specific storage needs
-
- ☐
- Storage for toys, educational & recreational equipment

(2)

- ☐
- Crib & bed storage

(3)

- ☐
- Cot & bedding storage for parents

2.3.9.3

- ☐
- Stretcher/wheelchair storage
-
- ☐
- out of the path of normal traffic

2.3.9.4

- ☐
- Emergency equipment storage

2.3.10

- ☐
- Housekeeping room on the nursing floor (may serve more than one nursing unit)

- ☐
- Service sink
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)

2.4.1

- ☐
- Staff lounge
-
- ☐
- min. 100 sf

2.4.2

- ☐
- Staff toilet room(s)

- ☐
- Handwashing station
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)

2.4.3

- ☐
- Secure storage for staff personal items

2.1- ARCHITECTURAL REQUIREMENTS

- 3.1.7.1** ☐ Visitor lounge
 ☐ convenient to nursing unit
 ☐ designed to minimize impact of noise & activity
- 3.1.7.2** ☐ Patient/public toilet room conveniently accessible from
 Visitor lounge
- 3.7.4.1** ☐ Room(s) for dining, education & recreation
- 3.7.5.1** ☐ Central patient toilet rooms
 ☐ open into the corridor
 ☐ convenient to activity room(s)

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station
- ☐ Staff call station
☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

130.740

PEDIATRIC SUB-UNIT

(A)(2)

☐ check if service not included in unit

130.740

☐ Pediatric patient areas are contiguous

(A)(2)(d)

☐ Designed to discourage through-traffic of adult patients☐ No adult bedrooms open into sub-unit corridor**3.1.1****PATIENT ROOMS**

▷ New Construction

▷ Renovations

3.1.1.1☐ 1-bed maximum capacity per room☐ Number of beds per room does not exceed existing capacity☐ 4-bed maximum capacity per room**3.1.1.2**☐ Min. 120 sf* in single-bed room☐ check if no single-bed room in project☐ min. 3'-0" clearance on each side of bed☐ min. 3'-0" clearance at foot of bed☐ Min. 100 sf* per bed in multibed room☐ check if no multibed room in project☐ min. 3'-0" clearance on each side of beds☐ min. 4'-0" clearance at foot of bed

*exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules

3.1.1.3☐ Window in each patient room**3.1.1.4**☐ Privacy cubicle curtains**2.2.2**☐ Wardrobe, closet or full length locker for each patient**2.2.1**☐ Toilet room☐ accessible without entering the general corridor**2.2.1.1**☐ serves no more than 2 rooms & 4 beds**3.7.1.3****FAMILY SUPPORT FACILITIES****3.4.5.2(1)**☐ Space for parents at patient bedside in addition to required floor area & clearances☐ Parent sleeping space**3.4.5.2(2)**☐ Consultation/demonstration room☐ within unit| **or** ☐ convenient to unit**3.2.2****AIRBORNE INFECTION ISOLATION ROOM**(also complete **3.7.1 "PATIENT ROOMS"**)**3.2.2.3**☐ Single bed room**8.2.3.4(3)**☐ Monolithic ceiling**or**☐ Washable clipped-down ceiling tiles☐ Handwashing station☐ located outside patient cubicles☐ 1 OX, 1 VAC, 1 MA for each bed☐ Vent. min. 6 air ch./hr

Lighting:

☐ reading light for each bed☐ general lighting☐ night light

Power:

☐ duplex receptacle on each side of each bed☐ additional duplex receptacle for each motorized bed☐ 1 duplex receptacle per room on emergency power

Nurses call system:

☐ call station for each bed☐ one 2-way voice communication station per room☐ light signal in the corridor at room door☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Bedpan flushing device☐ Emerg. pull-cord call station☐ Handwashing stationMechanical ventilation (Table **2.1-2**):☐ vent. positive to toilet☐ vent. negative to work area☐ min. 12 air ch./hr (exhaust)☐ visual monitoring of room pressure & airflow direction

2.1- ARCHITECTURAL REQUIREMENTS

- 3.2.2.4(1)** ☐ Entry through work area:
 ☐ alcove directly **or** ☐ alcove directly
 ☐ inside the room ☐ outside the room
 ☐ handwashing station ☐ handwashing station
 ☐ clean storage ☐ clean storage
 ☐ soiled holding ☐ soiled holding
- 3.2.2.4(2)** ☐ Door self-closing
- 3.2.2.4(3)** ☐ Bathroom with direct access from room (not through work area)
 ☐ toilet
 ☐ shower or tub
- 130.740 ☐ **NURSES SUB-STATION**
- (A)(2)(b) ☐ Located for visual observation of pediatric patient rooms
- 3.7.3** ☐ **EXAM/TREATMENT ROOM**
- 3.7.3.1** ☐ min. 120 sf
- 3.7.3.2** ☐ storage cabinet
☐ writing surface
- 3.1.5** ☐ **SUPPORT AREAS** (Staff & Patient Functions)
- 3.7.4.2** ☐ Infant formula facilities
- 3.6.5.4** ☐ on-site formula preparation **or** use of commercial formula
 ☐ cleanup facilities ☐ formula storage room
 ☐ handwash station ☐ work counter
 ☐ bottle washing facilities ☐ handwash station
 ☐ work counter ☐ storage
 ☐ sterilizer ☐ warming facilities
 ☐ formula prep. room
 ☐ warming facilities
 ☐ refrigerator
 ☐ work counter
 ☐ formula sterilizer
 ☐ storage
 ☐ handwash station
- 2.3.6** ☐ Ice machine
- 3.1.5.9** ☐ Patient bathing facilities
- (1) ☐ Showers & bathtubs
 ☐ 1:12 bed ratio
- (2) ☐ Patient toilet room within or directly accessible from each bathing facility
- (3) ☐ Bathing facilities for patients on stretchers (may be on another floor)
 ☐ 1:100 bed ratio
- 2.3.9.2** ☐ Equipment storage room
☐ min. 10 sf/bed
- 3.7.4.4** ☐ Specific storage needs
- (1) ☐ Storage for toys, educational & recreational equipment
- (2) ☐ Crib & bed storage
- (3) ☐ Cot & bedding storage for parents
- 3.7.4.1** ☐ Room(s) for dining, education & recreation
- 3.7.5.1** ☐ Central patient toilet rooms
☐ open into the corridor
☐ convenient to activity room(s)

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

- Work area (open or enclosed)
☐ vent. negative to corridor
☐ vent. positive to isol. room
☐ min. 10 air ch./hr (exhaust)
- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Bedpan flushing device
☐ Emerg. pull-cord call station
- ☐ Nurses call enumerator panel
☐ Handwashing station
☐ 1 OX & 1 VAC
☐ Vent. min. 6 air ch./hr
☐ Min. 2 elect. duplex receptacles
☐ Staff call station
- ☐ Vent. min. 4 air ch./hr
- ☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station
☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station
- ☐ Vent. min. 4 air ch./hr
☐ Duty station visible call signal
- ☐ Staff call station
☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station

GENERAL STANDARDS**DETAILS AND FINISHES****Corridors**

▸ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 8'-0" (NFPA 101)

▸ Renovations to Existing Inpatient Corridor*

___ Min. corridor width 8'-0" except for existing structural elements & existing mechanical shafts
___ Min. corridor width at temporary construction partitions is 5'-0"

*No waivers accepted

___ Min. staff corridor width 5'-0" (8.2.2.1(1))

___ Fixed & portable equipment does not reduce required corridor width (8.2.2.1(2))

___ Work alcoves include standing space that does not interfere with corridor width (Policy)

☐ check if function not included in unit

Ceiling Height (8.2.2.2)

___ Ceiling height min. 7'-10", except:

___ 7'-8" in corridors, toilet rooms, storage rooms
___ sufficient for ceiling mounted equipment
___ min. clearance under suspended pipes/tracks:
___ 7'-0" AFF in bed/stretchers traffic areas
___ 6'-8" AFF in other areas

Doors (8.2.2.3)

___ All doors are swing-type
___ Patient rooms doors min. 3'-8"w x 7'-0"h
___ Doors for stretchers or wheelchairs min. 2'-10" wide
___ Doors to occupiable rooms do not swing into corridors
___ Toilet room doors are outswinging or double-acting
___ Bathing room doors are outswinging or double-acting
___ Emergency access hardware on patient toilet/bathing doors

Operable Windows (8.2.2.5)

☐ check if all windows are fixed

___ Window operation prohibits escape or suicide
___ Insect screens

Glazing (8.2.2.7)

___ Safety glazing or no glazing under 60" AFF & within 12" of door jamb
___ Safety glazing (or curtains) in shower & bath enclosures

Handwashing Stations (8.2.2.8)

___ Handwashing sink
___ Soap dispenser
___ Hand drying facilities

Grab Bars (8.2.2.9)

___ Grab bars in all patient toilets & bathing facilities
___ 1½" wall clearance
___ 250 lb. Capacity

Noise Reduction

___ Noise reduction at patient rooms as per Table 2.1-1

Floors

___ Thresholds & exp. joints flush with floor surface (8.2.2.4)

___ Floors easily cleanable & wear-resistant (8.2.3.2)

___ Non-slip floors in wet areas

___ Wet cleaned flooring resists detergents

Walls (8.2.3.3)

___ Wall finishes are washable

___ Smooth/water-resist. finishes at plumbing fixtures

PLUMBING (10.1)

___ Handwashing sinks

___ hot & cold water

___ anchored to withstand 250 lbs. (8.2.2.8)

___ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)

___ Non-slip walking surface at tubs & showers

___ Medical gas outlets provided per Table 2.1-5

MECHANICAL (10.2)

___ Mech. ventilation provided per Table 2.1-2

___ Exhaust fans located at discharge end (10.2.4.3)

___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)

___ Contaminated exhaust outlets located above roof

___ Ventilation openings at least 3" above floor

___ Central HVAC system filters provided per Table 2.1-3

ELECTRICAL (10.3)

___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)

___ nurses call system connected to emergency power circuits

___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)